

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Madison, WI 53703
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Website: http://drl.wi.gov

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

LANDSCAPE ARCHITECT SECTION

RETAKES APPLICATION FOR LANDSCAPE ARCHITECT EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () _____ - _____
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Ethnic/gender status information is optional. **Sex:** ☐ M ☐ F **Ethnic:** ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The landscape architect license expires on July 31 of the even-numbered year. It may be renewed for a two year period at that time.

Indicate section(s) to be taken and exam date:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Section C | <input type="checkbox"/> December 5-6, 2005 |
| <input type="checkbox"/> Section E | <input type="checkbox"/> June 12-13, 2006 |
| | <input type="checkbox"/> December 4-5, 2006 |

For Receipting Use Only

APPLICATION FEE Make check payable to Department of Regulation and Licensing and attach to this application.

- | | | |
|--------------------------|-----------|--------------------|
| <input type="checkbox"/> | \$ 314.00 | Section C Exam fee |
| <input type="checkbox"/> | \$ 314.00 | Section E Exam fee |